

Documentation of ICO

To be completed by BabyNet Service Coordinator assigned to intake and eligibility determination

SECTION 1: CHILD INFORMATION

Child's Name

DOB

Parent/Guardian

Address

Zip

Phone

Date of meeting

SECTION 2: ASSESSMENT RESULTS

Reason why assessment tool findings were considered invalid:

- ☐ child's age impeded accurate administration/interpretation of assessment results
- ☐ child's health impeded accurate administration/interpretation of assessment results
- ☐ child's behavior interfered with accurate administration/interpretation of assessment results
- ☐ Parent has continuing concerns about child's development that are not consistent with

assessment findings.

SECTION 3: INFORMED CLINICAL OPINION FACTORS

One of the following must be answered "Yes" and source document listed. See bottom of form for list of possible source documents.

Yes No

CBA indicates age-appropriate skills have not yet been learned, **and** skills not yet learned are critical to child's functional participation in the family's home and community routines and activities.

Source:

Child displays a pattern or rate of development that is atypical of normal developmental milestones or timelines.

Source:

Child exhibits difficulties that are not related to language difference (e.g., child demonstrates difficulties with social or language areas in their primary language).

Source:

The duration of reported/observed concerns relative to the child's history indicates an enduring pattern and not a short term reaction (e.g., examining emotional or behavioral reactions and noting if they occur during transitions in the child's life [divorce, a move, death in the family] or are consistent across materials, people, places, and time).

Source:

Delays in learning or development are related to present abilities and not lack of opportunity.

Source:

Based on review of information presented and documented above, the multidisciplinary eligibility team determines this child eligible for BabyNet services under IDEA/Part C

☐ Yes ☐ No

SECTION 4: MULTIDISCIPLINARY TEAM SIGNATURES

Name

Title/Position

Signature (indicates agreement)

Date

SOURCE DOCUMENTS MAY INCLUDE, BUT ARE NOT LIMITED TO:

Parent/Family report and observation

Primary health care and/or other provider information

Birth and Early Health Summary

IFSP as developed to date

Documentation of diagnosis if referred on basis of established risk condition

Summaries of

Direct observations of BNSC

Developmental Screening, and/or

Report of Curriculum-Based Assessment